

**STATE OF CALIFORNIA
DEPARTMENT OF MANAGED HEALTH CARE
HEALTH CARE SERVICE PLAN**

ANNUAL FINANCIAL REPORTING FORM

Submitted on 5/14/2003 11:04:15 AM

		1
1.	FOR THE YEAR ENDING:	December 31, 2002
2.	Name:	Access Dental Plan
3.	File Number:(Enter last three digits) 933-0	318
4.	Date Incorporated or Organized:	January 14, 1993
5.	Date Licensed as a HCSP:	December 22, 1993
6.	Date Federally Qualified as a HCSP:	N/A
7.	Date Commenced Operation:	April 1, 1994
8.	Mailing Address:	555 University Avenue, Suite 182, Sacramento, CA 95825
9.	Address of Main Administrative Office:	555 University Avenue, Suite 182, Sacramento, CA 95825
10.	Telephone Number:	(916) 922-5000
11.	HCSP's ID Number:	68-0291842
12.	Principal Location of Books and Records:	555 University Avenue, Suite 182, Sacramento, CA 95825
13.	Plan Contact Person and Phone Number:	Samia Zumount, Esq (916) 563-6035
14.	Financial Reporting Contact Person and Phone Number:	Timothy Benson (916) 563-6085
15.	President:*	Reza Abbaszadeh, DDS
16.	Secretary:*	Thomas Joseph Dooley
17.	Chief Financial Officer:*	Brent Alan Seegmiller
18.	Other Officers:*	Tahereh Abbaszadeh, Treasurer
19.		
20.		
21.		
22.	Directors:*	Mark Steven Tanaka, Chairman
23.		Reza Abbaszadeh, DDS
24.		Thomas Joseph Dooley
25.		Emery Bevington Dowell
26.		
27.		
28.		
29.		
30.		
31.		





The officers listed on lines 15 through 17 of the health care service plan noted on line 2, being duly sworn, each for himself or herself, deposes and says that they are the officers of the said health care service plan, and that, for the reporting period stated above, all of the herein assets were the absolute property of the said health care service plan, free and clear from any liens or claims thereon, except as herein stated, and that these financial statements, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said health care service plan as of the reporting period stated above, and of its income and deductions therefrom for the period reported, according to the best of their information, knowledge and belief, respectively.

32. President	signature required (please type for valid signature)
33. Secretary	signature required (please type for valid signature)
34. Chief Financial Officer	Brent A. Seegmiller (signature required (please type for valid signature))
* Show full name (initials not accepted) and indicate by sign (#) those officers and directors who did not occupy the indicated position in the previous statement.	
35. If this is a revised filing, check here:	<input checked="" type="checkbox"/>
36. If all dollar amounts are reported in thousands (000), check here	<input type="checkbox"/>

STATE OF CALIFORNIA
DEPARTMENT OF MANAGED HEALTH CARE
HEALTH CARE SERVICE PLAN

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SUPPLEMENTAL INFORMATION

		1
1.	Are footnote disclosures attached with this filing?	Yes 
2.	Is the attached reporting form filed on a consolidated or combined basis? If "Yes", the plan is required to file consolidating or combining schedules.	Yes 
3.	Is the plan required to file additional information (i.e. parent/affiliate financial statements, claims reports, etc.) that is required by the Department?	No 
4.	Are there any significant changes reported on claims Schedule G, Section III?	No  No
5.	If "yes", describe:	

STATEMENT AS OF 12-31-2002 OF 933-0318 Access Dental Plan

REPORT #1 ---- PART A: ASSETS

1	2
CURRENT ASSETS:	Current Period
1. Cash and Cash Equivalents	7,002,901
2. Short-Term Investments	2,539,308
3. Premiums Receivable - Net	2,163,629
4. Interest Receivable	98,522
5. Shared Risk Receivables - Net	
6. Other Health Care Receivables - Net	1,547,028
7. Prepaid Expenses	314,044
8. Secured Affiliate Receivables - Current	1,907,565
9. Unsecured Affiliate Receivables - Current	397,524
10. Aggregate Write-Ins for Current Assets	174,701
11. TOTAL CURRENT ASSETS (Items 1 to 10)	16,145,222
OTHER ASSETS:	
12. Restricted Assets	1,587,179
13. Long-Term Investments	6,257,502
14. Intangible Assets and Goodwill - Net	
15. Secured Affiliate Receivables - Long-Term	
16. Unsecured Affiliate Receivables - Past Due	
17. Aggregate Write-Ins for Other Assets	87,327
18. TOTAL OTHER ASSETS (Items 12 to 17)	7,932,008
PROPERTY AND EQUIPMENT	
19. Land, Building and Improvements	0
20. Furniture and Equipment - Net	709,693
21. Computer Equipment - Net	310,147
22. Leasehold Improvements -Net	354,859
23. Construction in Progress	44,545
24. Software Development Costs	61,638
25. Aggregate Write-Ins for Other Equipment	23,250
26. TOTAL PROPERTY AND EQUIPMENT (Items 19 to 25)	1,504,132
27. TOTAL ASSETS	25,581,362
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR CURRENT ASSETS	
1001. Inventory	71,119
1002. Administrative Fee Receivable	3,582
1003. Note Receivable	100,000
1004.	
1098. Summary of remaining write-ins for Item 10 from overflow page	
1099. TOTALS (Items 1001 thru 1004 plus 1098)	174,701
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER ASSETS	
1701. Security Deposits	87,327
1702.	
1703.	
1704.	
1798. Summary of remaining write-ins for Item 17 from overflow page	
1799. TOTALS (Items 1701 thru 1704 plus 1798)	87,327
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER EQUIPMENT	
2501. Vehicles - Net	23,250
2502.	
2503.	
2504.	
2598. Summary of remaining write-ins for Item 25 from overflow page	
2599. TOTALS (Items 2501 thru 2504 plus 2598)	23,250

STATEMENT AS OF 12-31-2002 OF 933-0318 Access Dental Plan

REPORT #1 ---- PART B: LIABILITIES AND NET WORTH

1	2	3	4
CURRENT LIABILITIES:	Current Period		
	Contracting	Non-Contracting	Total
1. Trade Accounts Payable	364,739	XXX	364,739
2. Capitation Payable	11,944	XXX	11,944
3. Claims Payable (Reported)	2,077,987	3,347	2,081,334
4. Incurred But Not Reported Claims	2,347,672	2,814	2,350,486
5. POS Claims Payable (Reported)			0
6. POS Incurred But Not Reported Claims			0
7. Other Medical Liability			0
8. Unearned Premiums	1,018,851	XXX	1,018,851
9. Loans and Notes Payable		XXX	
10. Amounts Due To Affiliates - Current		XXX	
11. Aggregate Write-Ins for Current Liabilities	2,976,201	0	2,976,201
12. TOTAL CURRENT LIABILITIES (Items 1 to 11)	8,797,394	6,161	8,803,555
OTHER LIABILITIES:			
13. Loans and Notes Payable (Not Subordinated)		XXX	0
14. Loans and Notes Payable (Subordinated)		XXX	0
15. Accrued Subordinated Interest Payable		XXX	0
16. Amounts Due To Affiliates - Long Term		XXX	0
17. Aggregate Write-Ins for Other Liabilities	2,143,038	XXX	2,143,038
18. TOTAL OTHER LIABILITIES (Items 13 to 17)	2,143,038	XXX	2,143,038
19. TOTAL LIABILITIES	10,940,432	6,161	10,946,593
NET WORTH			
20. Common Stock	XXX	XXX	300,000
21. Preferred Stock	XXX	XXX	
22. Paid In Surplus	XXX	XXX	344,757
23. Contributed Capital	XXX	XXX	
24. Retained Earnings (Deficit)/Fund Balance	XXX	XXX	13,933,898
25. Aggregate Write-Ins for Other Net Worth Items	XXX	XXX	56,114
26. TOTAL NET WORTH (Items 20 to 25)	XXX	XXX	14,634,769
27. TOTAL LIABILITIES AND NET WORTH	XXX	XXX	25,581,362
DETAILS OF WRITE-INS AGGREGATED AT ITEM 11 FOR CURRENT LIABILITIES			
1101. Accrued Compensation	1,411,547		1,411,547
1102. Misc. Accrued Liabilities	458,180		458,180
1103. Accrued Income Tax Liability	114,000		114,000
1104. Accrued Broker Commission Liability	422,676		422,676
1198. Summary of remaining write-ins for Item 11 from overflow page	569,798		569,798
1199. TOTALS (Items 1101 thru 1104 plus 1198)	2,976,201	0	2,976,201
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER LIABILITIES			
1701. Minority Interest	2,143,038	XXX	2,143,038
1702.		XXX	0
1703.		XXX	0
1704.		XXX	0
1798. Summary of remaining write-ins for Item 17 from overflow page		XXX	0
1799. TOTALS (Items 1701 thru 1704 plus 1798)	2,143,038	XXX	2,143,038
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER NET WORTH ITEMS			
2501. Unrealized Gain on Available for Sale Securities	XXX	XXX	56,114
2502.	XXX	XXX	
2503.	XXX	XXX	
2504.	XXX	XXX	
2598. Summary of remaining write-ins for Item 25 from overflow page	XXX	XXX	
2599. TOTALS (Items 2501 thru 2504 plus 2598)	XXX	XXX	56,114

STATEMENT AS OF 12-31-2002 OF 933-0318 Access Dental Plan

REPORT #2: REVENUE, EXPENSES AND NET WORTH

	1
	Year-To-Date
REVENUES:	
1. Premiums (Commercial)	32,501,047
2. Capitation	926,669
3. Co-payments, COB, Subrogation	2,209,899
4. Title XVIII - Medicare	
5. Title XIX - Medicaid	27,832,189
6. Fee-For-Service	15,963,777
7. Point-Of-Service (POS)	
8. Interest	513,972
9. Risk Pool Revenue	
10. Aggregate Write-Ins for Other Revenues	-545,914
11. TOTAL REVENUE (Items 1 to 10)	79,401,639
EXPENSES:	
Medical and Hospital	
12. Inpatient Services - Capitated	
13. Inpatient Services - Per Diem	
14. Inpatient Services - Fee-For-Service/Case Rate	
15. Primary Professional Services - Capitated	13,472,955
16. Primary Professional Services - Non-Capitated	27,526,734
17. Other Medical Professional Services - Capitated	
18. Other Medical Professional Services - Non-Capitated	7,004,599
19. Non-Contracted Emergency Room and Out-of-Area Expense, not including POS	
20. POS Out-Of-Network Expense	
21. Pharmacy Expense -- Capitated	
22. Pharmacy Expense -- Fee-For-Service	
23. Aggregate Write-Ins for Other Medical and Hospital Expenses	3,377,890
24. TOTAL MEDICAL AND HOSPITAL (Items 12 to 23)	51,382,178
Administration	
25. Compensation	4,877,859
26. Interest Expense	18,953
27. Occupancy, Depreciation and Amortization	841,865
28. Management Fees	
29. Marketing	5,521,637
30. Affiliate Administration Services	
31. Aggregate Write-Ins for Other Administration	3,730,999
32. TOTAL ADMINISTRATION (Items 25 to 31)	14,991,313
33. TOTAL EXPENSES	66,373,491
34. INCOME (LOSS)	13,028,148
35. Extraordinary Item	
36. Provision for Taxes	1,715,000
37. NET INCOME (LOSS)	11,313,148
NET WORTH:	
38. Net Worth Beginning of Period	10,352,806
39. Audit Adjustments	
40. Increase (Decrease) in Common Stock	
41. Increase (Decrease) in Preferred Stock	
42. Increase (Decrease) in Paid in Surplus	
43. Increase (Decrease) in Contributed Capital	
44. Increase (Decrease) in Retained Earnings:	
45. Net Income (Loss)	11,313,148
46. Dividends to Stockholders	-7,087,299
47. Aggregate Write-Ins for Changes in Retained Earnings	56,114
48. Aggregate Write-Ins for Changes in Other Net Worth Items	0
49. NET WORTH END OF PERIOD (Items 38 to 48)	14,634,769

STATEMENT AS OF 12-31-2002 OF 933-0318 Access Dental Plan

REPORT #2: REVENUE, EXPENSES AND NET WORTH

1		2
		Year-To-Date
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER REVENUES		
1001.	Miscellaneous Income	224,222
1002.	Minority Interest in Income of Subsidiary	-770,136
1003.		
1004.		
1005.		
1006.		
1098.	Summary of remaining write-ins for Item 10 from overflow page	
1099.	TOTALS (Items 1001 thru 1006 plus 1098)	-545,914
DETAILS OF WRITE-INS AGGREGATED AT ITEM 23 FOR OTHER MEDICAL AND HOSPITAL EXPENSES		
2301.	Occupancy, Depreciation and Amortization	1,667,422
2302.	Supplies	1,318,960
2303.	Other Medical Miscellaneous Expenses	391,508
2304.		
2305.		
2306.		
2398.	Summary of remaining write-ins for Item 23 from overflow page	
2399.	TOTALS (Items 2301 thru 2306 plus 2398)	3,377,890
DETAILS OF WRITE-INS AGGREGATED AT ITEM 31 FOR OTHER ADMINISTRATIVE EXPENSES		
3101.	Office Expense	1,332,498
3102.	Professional Fees	573,723
3103.	Taxes, Licenses and Fees (Excluding Income and Payroll Taxes)	1,107,761
3104.	Bad Debts	263,894
3105.	Other General and Administrative Expenses	432,891
3106.	Loss on Sale of Investment	20,232
3198.	Summary of remaining write-ins for Item 31 from overflow page	
3199.	TOTALS (Items 3101 thru 3106 plus 3198)	3,730,999
DETAILS OF WRITE-INS AGGREGATED AT ITEM 47 FOR CHANGES IN RETAINED EARNINGS		
4701.	Unrealized Gain on Available for Sale Securities	56,114
4702.		
4703.		
4704.		
4705.		
4706.		
4798.	Summary of remaining write-ins for Item 47 from overflow page	
4799.	TOTALS (Items 4701 thru 4706 plus 4798)	56,114
DETAILS OF WRITE-INS AGGREGATED AT ITEM 48 FOR CHANGES OF OTHER NET WORTH ITEMS		
4801.		
4802.		
4803.		
4804.		
4805.		
4806.		
4898.	Summary of remaining write-ins for Item 48 from overflow page	
4899.	TOTALS (Items 4801 thru 4806 plus 4898)	0

REPORT #3: STATEMENT OF CASH FLOWS (Direct Method)

1	2
	Year-To-Date
CASH FLOW PROVIDED BY OPERATING ACTIVITIES	
1. Group/Individual Premiums/Capitation	32,845,003
2. Fee-For-Service	15,352,518
3. Title XVIII - Medicare Premiums	
4. Title XIX - Medicaid Premiums	28,427,342
5. Investment and Other Revenues	690,718
6. Co-Payments, COB and Subrogation	2,209,899
7. Medical and Hospital Expenses	-50,273,961
8. Administration Expenses	-13,813,203
9. Federal Income Taxes Paid	-1,767,000
10. Interest Paid	-20,650
11. NET CASH PROVIDED BY OPERATING ACTIVITIES	13,650,666
CASH FLOW PROVIDED BY INVESTING ACTIVITIES	
12. Proceeds from Restricted Cash and Other Assets	
13. Proceeds from Investments	4,107,370
14. Proceeds for Sales of Property, Plant and Equipment	2,000
15. Payments for Restricted Cash and Other Assets	-4,645
16. Payments for Investments	-13,496,377
17. Payments for Property, Plant and Equipment	-518,979
18. NET CASH PROVIDED BY INVESTING ACTIVITIES	-9,910,631
CASH FLOW PROVIDED BY FINANCING ACTIVITIES:	
19. Proceeds from Paid in Capital or Issuance of Stock	
20. Loan Proceeds from Non-Affiliates	
21. Loan Proceeds from Affiliates	
22. Principal Payments on Loans from Non-Affiliates	
23. Principal Payments on Loans from Affiliates	
24. Dividends Paid	-7,087,299
25. Aggregate Write-Ins for Cash Provided by Financing Activities	0
26. NET CASH PROVIDED BY FINANCING ACTIVITIES	-7,087,299
27. NET INCREASE (DECREASE) IN CASH (Items 11, 18 & 26)	-3,347,264
28. CASH AND CASH EQUIVALENTS AT BEGINNING OF THE YEAR	10,350,165
29. CASH AND CASH EQUIVALENTS AT END OF THE YEAR	7,002,901
RECONCILIATION OF NET INCOME TO NET CASH PROVIDED BY OPERATING ACTIVITIES:	
30. Net Income	11,313,148
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities	
31. Depreciation and Amortization	733,701
32. Decrease (Increase) in Receivables	-803,225
33. Decrease (Increase) in Prepaid Expenses	-101,409
34. Decrease (Increase) in Affiliate Receivables	-127,194
35. Increase (Decrease) in Accounts Payable	130,165
36. Increase (Decrease) in Claims Payable and Shared Risk Pool	914,672
37. Increase (Decrease) in Unearned Premium	213,950
38. Aggregate Write-Ins for Adjustments to Net Income	1,376,858
39. TOTAL ADJUSTMENTS (Items 31 through 38)	2,337,518
40. NET CASH PROVIDED BY OPERATING ACTIVITIES (Item 30 adjusted by Item 39 must agree to Item 11)	13,650,666

DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR CASH FLOW PROVIDED BY FINANCING ACTIVITIES

2501.	
2502.	
2503.	
2598. Summary of remaining write-ins for Item 25 from overflow page	
2599. TOTALS (Items 2501 thru 2503 plus 2598)	0

DETAILS OF WRITE-INS AGGREGATED AT ITEM 38 FOR ADJUSTMENTS TO NET INCOME

3801. Accrued Salaries	407,456
3802. Accrued Income Tax And Miscellaneous Liability	159,554
3803. Minority Income	770,136
3898. Summary of remaining write-ins for Item 38 from overflow page	39,712
3899. TOTALS (Items 3801 thru 3803 plus 3898)	1,376,858

REPORT #3: STATEMENT OF CASH FLOWS (Indirect Method)

	1
	Year-to-Date
CASH FLOWS FROM OPERATING ACTIVITIES:	
1. Net Income (Loss)	11,313,148
ADJUSTMENTS TO RECONCILE NET INCOME (LOSS) TO NET CASH PROVIDED (USED)	
BY OPERATING ACTIVITIES:	
2. Depreciation and Amortization	
3. Unrealized Gains/Losses on Equity Securities	
4. Gain/Loss on Sale of Assets	
5. Deferred Income Taxes	
CHANGE IN OPERATING ASSETS AND LIABILITIES	
(Increase) Decrease in Operating Assets:	
6. Receivables	
7. Prepaid Expenses	
8. Affiliate Receivables	
9. Aggregate write-ins for (increase) decrease in operating assets	0
Increase (Decrease) in Operating Liabilities:	
10. Trade Accounts Payable	
11. Capitation Payable	
12. Claims Payable and IBNR	
13. Other Medical Liability	
14. Unearned Premiums	
15. Affiliate Payables	
16. Aggregate write-ins for increase (decrease) in operating liabilities	0
17. NET CASH PROVIDED (USED) IN OPERATING ACTIVITIES	11,313,148
CASH FLOW FROM INVESTING ACTIVITIES	
18. Proceeds from Restricted Cash and Other Assets	
19. Proceeds from Investments	
20. Proceeds for Sales of Property, Plant, and Equipment	
21. Payments for Restricted Cash and Other Assets	
22. Payments for Investments	
23. Payments for Property, Plant, and Equipment	
24. Aggregate write-ins for cash flow provided by investing activities	0
25. NET CASH PROVIDED (USED) IN INVESTING ACTIVITIES	0
CASH FLOW FROM FINANCING ACTIVITIES	
26. Proceeds from Paid-in-Capital or Issuance of Stock	
27. Loan Proceeds from Non-Affiliates	
28. Loan Proceeds from Affiliates	
29. Principal Payments on Loans from Non-Affiliates	
30. Principal Payments on Loans from Affiliates	
31. Dividends Paid	
32. Principal Payments under lease obligations	
33. Aggregate write-ins for cash flow provided by financing activities	0
34. NET CASH PROVIDED (USED) IN FINANCING ACTIVITIES	0
35. NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS	11,313,148
36. CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE YEAR	
37. CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR	7,002,901

REPORT #3: STATEMENT OF CASH FLOWS (Indirect Method)

1	2
	Year-to-Date
DETAILS OF WRITE-INS AGGREGATED AT ITEM 9 FOR (INCREASE) DECREASE IN OPERATING ASSETS	
901.	
902.	
903.	
998. Summary of remaining write-ins for Item 9 from overflow page	
999. TOTALS (Items 901 thru 903 plus 998)	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 16 FOR INCREASE (DECREASE) IN OPERATING LIABILITIES	
1601.	
1602.	
1603.	
1698. Summary of remaining write-ins for Item 16 from overflow page	
1699. TOTALS (Items 1601 thru 1603 plus 1698)	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 24 FOR CASH FLOW PROVIDED BY INVESTING ACTIVITIES	
2401.	
2402.	
2403.	
2498. Summary of remaining write-ins for Item 24 from overflow page	
2499. TOTALS (Items 2401 thru 2403 plus 2498)	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 33 FOR CASH FLOW PROVIDED BY FINANCING ACTIVITIES	
3301.	
3302.	
3303.	
3398. Summary of remaining write-ins for Item 33 from overflow page	
3399. TOTALS (Items 3301 thru 3303 plus 3398)	0

TOTAL ENROLLMENT

[illegible]

SCHEDULE A-1 (CASH)

1	2	3
Name of Depository (List all accounts even if closed during the period)	Account Number	Balance*
1. See Detail in Sheet 1		6,992,947
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9. Total Cash on Deposit		6,992,947
10. Cash on Hand (Petty Cash)		9,954
11. Total Cash on Hand and on Deposit (Report #1, Part A, Line 1)		7,002,901

SCHEDULE A-2 RESTRICTED ASSETS

1	2	3
Name of Depository (List all accounts even if closed during period)	Account Number	Balance*
12. Wells Fargo Investments	W10156328	50,000
13. Wells Fargo Institutional Securities	12660676	1,029,789
14. Citibank	307557	507,390
15.		
16.		
17.		
18.		
19. Total Restricted Assets		1,587,179

* Indicate the Balance Per the HMO's Records

SCHEDULE B - INVESTMENTS

Individually list investments with account balances greater than 2% of total (short-term and long-term) investments.

1	2	3	4	5	6	7	8	9	10	11
CUSIP Identification	Description	(S)= Stock (B)= Bonds (O)=Other	Date Acquired	Maturity Date	Par Value (Bonds) or No. Shares (Stock)	Income Earned	Market Value	Cost	Total Short-Term Investments	Total Long-Term Investments
1. FCTFX/091	Spartan Cal Muni Income Fund	O		n/a	42,112	47,898	535,248		535,248	
2. 31331QDN4	Federal Farm Credit Bank Note	B	10/3/2002	1/3/2008	500,000	5,183	500,000	500,000		500,000
3. 31331QHN0	Federal Farm Credit Bank Note	B	11/7/2002	4/7/2008	500,000	3,225	501,250	500,000	501,250	
4. 3133MTN46	Federal Home Loan Bank Note	B	11/27/2002	11/28/2005	500,000	1,438	501,250	500,000	501,250	
5. 3133MTTG3	Federal Home Loan Bank Note	B	12/6/2002	12/6/2007	500,000	1,042	500,780	500,000	500,780	
6. 3133MUGD1	Federal Home Loan Bank Note	B	12/18/2002	12/18/2006	500,000	655	509,530	500,000		509,530
7. 3133MUHG3	Federal Home Loan Bank Note	B	12/27/2002	12/27/2010	250,000	282	251,640	250,000		251,640
8. 3133MRUS9	Federal Home Loan Bank Note	B	9/25/2002	9/25/2006	1,000,000	9,627	1,015,630	1,000,000		1,015,630
9. 3128X0HY8	Federal Home Loan Mortgage Corporation	B	11/26/2002	11/26/2004	500,000	1,215	500,780	500,000	500,780	
10. 3128X0LL1	Federal Home Loan Mortgage Corporation	B	12/5/2002	12/5/2008	500,000	1,514	501,645	500,000		501,645
11. 3136F16Q8	Federal National Mortgage Association	B	8/6/2002	2/6/2006	500,000	7,552	505,780	500,780		505,780
12. 3136F2TB4	Federal National Mortgage Association	B	11/27/2002	11/27/2007	500,000	1,983	502,030	500,000		502,030
13. 00077QAG5	ABN AMRO BK NV Chicago	B	11/15/2002	6/18/2007	210,000	1,912	235,736	236,800		235,736
14. 008117AC7	Lion Connecticut Holding(Aetna Inc.)	B	10/18/2002	8/15/2006	250,000	3,612	278,560	274,645		278,560
15. 02635PRG0	American General Finance	B	10/22/2002	7/14/2006	200,000	1,273	215,290	210,403		215,290
16. 066365CC9	Bankers Trust NY Corp Sub NTS	B	9/30/2002	5/1/2008	365,000	6,804	421,958	408,660		421,958
17. 097023AF2	Boeing Co Debentures	B	10/7/2002	11/15/2006	150,000	2,295	173,318	171,537		173,318
18. 125581AA6	Cit Group Holdings	B	11/27/2002	4/2/2007	205,000	1,428	223,493	223,376		223,493
19. 173034GW3	Citicorp Notes	B	10/21/2002	6/15/2007	150,000	2,100	169,358	168,818		169,358
20. 36962FTF3	General Electric Cap Corp Mtn-A	B	10/22/2002	4/1/2008	150,000	2,336	179,472	177,409		179,472
21. 38142ECC0	Goldman Sachs Group LP MTN	B	10/22/2002	3/1/2007	125,000	1,725	139,579	139,521		139,579
22. 441812GH1	Household Finance Corp	B	11/19/2002	7/15/2006	250,000	2,100	270,485	267,542		270,485
23. 774347AQ1	Rockwell Intl Corp (Boeing Co)	B	10/7/2002	2/15/2005	150,000	2,756	164,000	165,062		164,000
24.										
25.										
26.										
27.										
28.										
29. TOTAL INVESTMENTS		XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,539,308	6,257,504

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SCHEDULE C - PREMIUMS RECEIVABLE (Other than Affiliates)

Individually list all debtors (commercial only) with account balances greater than 5% of gross Premiums Receivable

	1 Name of Debtor	2 31-60 Days	3 61-90 Days	4 Over 90 Days	5 Total
1.	NONE				0
2.					0
3.					0
4.					0
5.					0
6.					0
7.					0
8.					0
9.					0
10.					0
11.					0
12.					0
13.					0
14.					0
15.					0
16.					0
17.					0
18.					0
19.					0
20.					0
21.					0
22.					0
23.					0
24.					0
25.					0
26.					0
27.					0
28.					0
29.					0
30.					0
31.					0
32.					0
33.					0
34.					0
35.					0
36.					0
37.					0
38.					0
39.					0
40.					0
41.					0
42.					0
43.					0
44.					0
45.					0
46.					0
47.					0
48.					0
49.					0
50.					0
51.					0
52.					0
53.					0
54.					0
55.	Total - Individual Listed Receivables	0	0	0	0

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**SCHEDULE D
HEALTH CARE RECEIVABLES &
AMOUNTS DUE FROM PARENT, SUBSIDIARIES, AND AFFILIATES**

Individually list all debtors with account balances greater than 10% of gross Receivables

	1 Name of Debtor	2 31-60 Days	3 61-90 Days	4 Over 90 Days	5 Total
1.	NONE				0
2.					0
3.					0
4.					0
5.					0
6.					0
7.					0
8.					0
9.					0
10.					0
11.					0
12.					0
13.					0
14.					0
15.					0
16.					0
17.					0
18.					0
19.					0
20.					0
21.					0
22.					0
23.					0
24.					0
25.					0
26.					0
27.					0
28.					0
29.					0
30.					0
31.					0
32.					0
33.					0
34.					0
35.					0
36.					0
37.					0
38.					0
39.					0
40.					0
41.					0
42.					0
43.					0
44.					0
45.					0
46.					0
47.					0
48.					0
49.					0
50.					0
51.					0
52.					0
53.					0
54.					0
55.	Total - Individual Listed Receivables	0	0	0	0

SCHEDULE E - PROPERTY & EQUIPMENT - NET

1	2	3	4	5
Description, Address, and Date Acquired	Cost	Improvements	Accumulated Depreciation	Book Value (Columns 2+3-4)
Land:				
1.	0	0	0	0
2.	0	0	0	0
3.	0	0	0	0
4. TOTAL LAND	0	0	0	0
Building & Improvements:				
5.	0	0	0	0
6.	0	0	0	0
7.	0	0	0	0
8. TOTAL BUILDING & IMPROVEMENTS	0	0	0	0
Construction in Progress:				
9. Remodeling of Dental Offices	44,545	0	0	44,545
10.	0	0	0	0
11.	0	0	0	0
12. TOTAL CONSTRUCTION IN PROGRESS	44,545	0	0	44,545
13. Furniture & Equipment (Totals Only):	2,639,150		1,929,457	709,693
14. Computer Equipment (Totals Only):	757,076		446,929	310,147
15. Software Development Costs (Totals Only):	314,007		252,369	61,638
Other:				
16. Leashold Improvements	2,084,185	101,689	1,831,015	354,859
17. Vehicles	131,428	0	108,178	23,250
18.	0	0	0	0
19.	0	0	0	0
20.	0	0	0	0
21.	0	0	0	0
22.	0	0	0	0
23.	0	0	0	0
24. TOTAL OTHER	2,215,613	101,689	1,939,193	378,109
25. GRAND TOTALS	5,970,391	101,689	4,567,948	1,504,132

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SCHEDULE F - ACCOUNTS PAYABLE

Individually list all creditors with account balances greater than 5% of total trade accounts payable. Group the total of all other payables and enter on the line titled, "Aggregate Accounts Not Individually Listed-Due." Report accounts payable from the initial date of billing or due date under contract.

1 Name of Debtor		2 31-60 Days	3 61-90 Days	4 91-120 Days	5 Over 120 Days	6 Total
1.	NONE					0
2.						0
3.						0
4.						0
5.						0
6.						0
7.						0
8.						0
9.						0
10.						0
11.						0
12.						0
13.						0
14.						0
15.						0
16.						0
17.						0
18.						0
19.						0
20.						0
21.						0
22.						0
23.						0
24.	Total - Individual Listed Payables	0	0	0	0	0

SCHEDULE G - UNPAID CLAIMS ANALYSIS**SECTION I - CLAIMS UNPAID**

Type of Claim	1 Reported Claims in Process of Adjustment	2 Estimated Incurred but Unreported	3 Total - Unpaid Claims (Columns 4+5 of Section II)
1. Inpatient Claims			0
2. Physician Claims	2,081,334	2,350,486	4,431,820
3. Referral Claims			0
4. Other Medical			0
5. TOTAL	2,081,334	2,350,486	4,431,820

SECTION II - ANALYSIS OF CLAIMS UNPAID - PREVIOUS YEAR (FILE ANNUAL ONLY)

1 Type of Claim	Claims Paid During the Fiscal Year		Unpaid Claims During the Fiscal Year		6 Total Claims (Paid and Unpaid) for the Previous Fiscal Year (2+4)	7 Estimated Liability of Unpaid Claims Prior to the first day of the Prior Year
	2 On Claims Incurred Prior to the first day of the Current Fiscal Year	3 On Claims Incurred During the Fiscal Year	4 On Claims Unpaid Prior to the first day of the Previous Fiscal Year	5 On Claims Incurred During the Year		
6. Inpatient Claims					0	
7. Physician Claims	2,444,649	24,073,626	21,903	4,409,917	2,466,552	3,520,592
8. Referral Claims					0	
9. Other Medical					0	
10. TOTAL	2,444,649	24,073,626	21,903	4,409,917	2,466,552	3,520,592

SECTION III - INVENTORY OF CLAIMS TO BE PROCESSED*

1 Month Ending	2 Beginning Balance Number of Claims in inventory on the 1st of each month	3 Add - Claims Received during the month	4 Deduct - Claims paid during the month	5 Deduct - Claims denied during the month	6 Add/Deduct - Adjustments	7 Ending Balance Number of claims in inventory at the end of the month
11.	NOT REPORTING DUE TO SPECIALTY PLAN EXCEPTION					0
12.						0
13.						0
14.						0
15.						0
16.						0
17.						0
18.						0
19.						0
20.						0
21.						0
22.						0
23.						0

* Describe any significant changes reported on Schedule G, Section III in the Supplemental Schedule (Page 2).

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SCHEDULE H - AGING OF ALL CLAIMS

Age all claims on hand at the end of each month. Use the date of receipt to determine the number of days the claims is outstanding. The amount reported in Column 6 should equal the amount Reported on Schedule G, Section III, Column 7.

	1	2	3	4	5	6
	Month Ending	1-30 Days	31-60 Days	61-90 Days	Over 90 Days	Total
1.						
2.	NOT REPORTING DUE TO SPECIALTY PLAN EXCEPTION					0
3.						0
4.						0
5.						0
6.						0
7.						0
8.						0
9.						0
10.						0
11.						0
12.						0
13.						0

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SCHEDULE I - ANALYSIS OF TOTAL MEDICAL LIABILITY TO ACTUAL CLAIMS PAID

Using the Plan's Lag Tables, complete the following table. Provide claim information the current quarter and the previous seven quarters. An actuarial certification may be submitted in lieu of this schedule.

Reported Accrual				
1	2	3	4	5
Quarter Ending Date	Total Medical Liability*	Amount Paid-To-Date	Difference - Column (2-3)	Outstanding Liability (Based on plan's lag)
1. Current Quarter		XXX	0	
2. Previous Quarter			0	
3. Previous 2 Quarters			#VALUE!	
4. Previous 3 Quarters			0	
5. Previous 4 Quarters			0	
6. Previous 5 Quarters			0	
7. Previous 6 Quarters			0	
8. Previous 7 Quarters			0	

* Should tie to Report #1, Part B, Column 4, Lines 3 through 7.

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SCHEDULE J
LOANS AND NOTES PAYABLE (INCLUDING AFFILIATES)

List all amounts with balances greater than 10% of gross Payables

	1	2	3	4	5	6	7	8
	Name of Lender	Rate	Principal	Accrued Interest	Total	Current	Non-Current	Compliance with Covenants Y or N
	FINANCIAL INSTITUTIONS:							
1.	NONE				0			
2.					0			
3.					0			
4.					0			
5.					0			
6.					0			
7.					0			
8.					0			
9.					0			
10.					0			
11.					0			
12.					0			
13.					0			
14.					0			
15.					0			
16.					0			
17.					0			
18.					0			
19.					0			
20.					0			
21.					0			
22.					0			
23.					0			
24.	TOTAL FINANCIAL INSTITUTIONS	XXX	0	0	0	0	0	XXX
	OTHER LENDERS:							
25.					0			
26.					0			
27.					0			
28.					0			
29.					0			
30.					0			
31.					0			
32.					0			
33.					0			
34.					0			
35.					0			
36.					0			
37.					0			
38.					0			
39.					0			
40.					0			
41.					0			
42.					0			
43.					0			
44.					0			
45.					0			
46.					0			
47.					0			
48.					0			
49.					0			
50.					0			
51.					0			
52.	TOTAL OTHER LENDERS	XXX	0	0	0	0	0	XXX

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SCHEDULE K - SUMMARY OF HMO'S TRANSACTIONS WITH ANY AFFILIATES

Include the aggregate of transactions, for the reporting period, within each category involving the parent company (companies), all insurance companies in the Holding Company System, and all other companies in the system with which an insurance company or HMO member had a transaction. Exclude: transactions of a non-insurer with an insurance company or HMO that are of a routine nature (i.e., the purchase of insurance coverage) and cost allocation transactions that are based upon generally accepted accounting principles.

1	2	3	4	5	6	7	8	9	10
Federal ID Number	Names of HMOs and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans, or Other Investments	Income/ (Disbursements) Incurred In Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	Any Other Material Activity not in the Ordinary Course of the Insurer's HMO Business	Total
1.	NONE								0
2.									0
3.									0
4.									0
5.									0
6.									0
7.									0
8.									0
9.									0
10.									0
11.									0
12.									0
13.									0
14.									0
15.									0
16.									0
17.									0
18.									0
19.	TOTALS	0	0	0	0	0	0	0	0